

CONTAINS NO CBI

**NORTHROP**

EPA-OTS



000657696

90-890000258

Ventura Division  
Aircraft Group

Northrop Corporation

1515 Rancho Conejo Boulevard

P. O. Box 2500

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Phone: (805) 373-2000

7 June 1989

Document Processing Center  
Office of Toxic Substances TS-790  
US Environmental Protection Agency  
401 M Street, SW  
Washington, DC 20460

Attn: CAIR Reporting Office

Dear Sir/Madam:

Enclosed please find the CAIR Form "Comprehensive Assessment  
Information Rule" (reporting period February 1987 to February 1989)  
for the Northrop Corporation, Ventura Unit.

If you have any questions or need additional information, please  
contact our office.

Sincerely,

Judi Millet  
Sr. Industrial Hygienist  
Safety and Environmental  
Administration  
Org. 4500/V11, Ext. 3561

cc: T. Mc Cabe  
L. Hay  
J. Luca

Enclosure

JM/jb

00 JUN 12 PM 2:03  
OFFICE OF TOXIC SUBSTANCES  
U.S. ENVIRONMENTAL PROTECTION AGENCY  
WASHINGTON, D.C.



Form Approved  
OMB No. 2010-0019  
Approval Expires 12-31-89

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
Comprehensive Assessment Information Rule  
REPORTING FORM

When completed, send this form to:

Document Processing Center  
Office of Toxic Substances, TS-790  
U.S. Environmental Protection Agency  
401 M Street, SW  
Washington, DC 20460  
Attention: CAIR Reporting Office

For Agency Use Only:

Date of Receipt: \_\_\_\_\_

Document  
Control Number: \_\_\_\_\_

Docket Number: \_\_\_\_\_

## CAIR REPORTING FORM CHECKLIST

### THIS CHECKLIST IS NOT REQUIRED TO BE SUBMITTED, IT IS FOR RESPONDENT'S INTERNAL USE ONLY

This form is intended to gather information on a specific listed substance that is manufactured, imported, or processed at one facility. Respondents must answer only those sections or specific questions required in the CAIR rule.

Respondents may use the same form each time they must report. The original copy of the form received by respondents should be kept on file and used to make copies of the questions required to be answered. These copies may then be circulated to those employees who will complete the form. Respondents must submit only one copy of each question rather than compiling parts of each question from various employees and submitting them together as one question.

Respondents need only supply information on the form that is "known to or reasonably ascertainable by" the respondent. Refer to the glossary for this definition. All reports with incomplete responses will be assessed as invalid and a Notice of Noncompliance Error Letter and a copy of the question will be sent to you for completion.

Before completing any portion of this form, please read the instruction booklet. The booklet contains general instructions on how to comply with the rule, supplemental instructions and sample answers for many questions, and a glossary containing definitions of key terms. Refer to the glossary whenever an unknown term appears to examine the definition provided.

If you cannot determine your reporting obligations, you should call the TSCA Assistance Office, U.S. EPA, at (202) 554-1404. To obtain additional forms, write to the TSCA Assistance Office (TS-779), ATTN: CAIR Form Request, Office of Toxic Substances, Environmental Protection Agency, Room E-543, 401 M St., SW, Washington, DC 20460, or call at (202) 554-1404.

#### BEFORE RETURNING YOUR COMPLETED CAIR FORM PLEASE CHECK THE FOLLOWING:

- ☐ 1. Have you completed and included Section 1 for each form you are submitting?
- ☐ 2. Have you submitted a standard chemical name and Chemical Abstract Service Registry Number for each chemical you are reporting on?
- ☐ 3. Does your submitted form include the original certification signatures as required for questions 1.06, 1.07, and 1.08?

- \_\_\_\_ 4. Have you submitted a completed separate form for each substance you are required to report on?
- \_\_\_\_ 5. Have you submitted a completed separate form for each site at which you manufacture, import, or process a listed substance?
- \_\_\_\_ 6. For each listed substance you must report on, have you reported on all activities you engage in at each site using the listed substance on the same reporting form?
- \_\_\_\_ 7. If you are claiming information as Confidential Business Information (CBI), have you completed the CBI substantiation form in Appendix II of the form for each category containing CBI? Failure to submit a completed CBI substantiation form with a reporting form containing CBI will result in the waiver of your claim of confidentiality.
- \_\_\_\_ 8. For each question that you are required to answer, have you responded by either providing the data, stating not applicable ("N/A"), or, if the question permits, stating unknown ("UK")?
- \_\_\_\_ 9. Have you right justified your responses to questions asked that require respondents to give a numeric response in a series of boxes (e.g., the answer "372" is entered as [0][0][3][7][2])?
- \_\_\_\_ 10. Have your responses been given in alpha, numeric or alpha-numeric form such as 3 million or 3,000,000? Responses must not be given in scientific notation such as  $3 \times 10^6$ .
- \_\_\_\_ 11. If you needed additional space to report the required data, have you checked the continuation sheet box at the bottom of each page that requires additional space; attached additional copies of the specific questions of this form that contain additional information; and listed the attachments in Appendix I of the reporting form?

SECTION 1 GENERAL MANUFACTURER, IMPORTER, AND PROCESSOR INFORMATION

PART A GENERAL REPORTING INFORMATION

1.01 This Comprehensive Assessment Information Rule (CAIR) Reporting Form has been completed in response to the Federal Register Notice of..... [1][2] [2][2] [8][8]  
CBI no. day year

☐ a. If a Chemical Abstracts Service Number (CAS No.) is provided in the Federal Register, list the CAS No. .... [ ][ ][ ]584]-[8]4]-[9]

b. If a chemical substance CAS No. is not provided in the Federal Register, list either (i) the chemical name, (ii) the mixture name, or (iii) the trade name of the chemical substance as provided in the Federal Register.

(i) Chemical name as listed in the rule .....

(ii) Name of mixture as listed in the rule ....

(iii) Trade name as listed in the rule .....

c. If a chemical category is provided in the Federal Register, report the name of the category as listed in the rule, the chemical substance CAS No. you are reporting on which falls under the listed category, and the chemical name of the substance you are reporting on which falls under the listed category.

Name of category as listed in the rule .....

CAS No. of chemical substance ..... [ ][ ][ ][ ][ ][ ]]-[ ][ ][ ]]-[ ][ ][ ]

Name of chemical substance .....

1.02 Identify your reporting status under CAIR by circling the appropriate response(s).

CBI Manufacturer ..... 1

☐ Importer ..... 2

Processor ..... 3

X/P manufacturer reporting for customer who is a processor ..... 4

X/P processor reporting for customer who is a processor ..... 5

☐ Mark (X) this box if you attach a continuation sheet.

1.03 Does the substance you are reporting on have an "x/p" designation associated with it in the above-listed Federal Register Notice?

CBI

☐ Yes ..... ☒ Go to question 1.04

☐ No ..... ☐ Go to question 1.05

1.04 a. Do you manufacture, import, or process the listed substance and distribute it under a trade name(s) different than that listed in the Federal Register Notice? Circle the appropriate response.

CBI

☒ Yes ... SUPPLIED TO US AS PR-1592 AMBER, BLACK PART B ..... 1

☐ No ..... 2

b. Check the appropriate box below:

☐ You have chosen to notify your customers of their reporting obligations

Provide the trade name(s) ....

☒ You have chosen to report for your customers

☐ You have submitted the trade name(s) to EPA one day after the effective date of the rule in the Federal Register Notice under which you are reporting.

1.05 If you buy a trade name product and are reporting because you were notified of your reporting requirements by your trade name supplier, provide that trade name.

CBI

☐ Trade name ..... PR-1592 AMBER, BLACK PART B

Is the trade name product a mixture? Circle the appropriate response.

☒ Yes ..... 1

☐ No ..... 2

1.06 Certification -- The person who is responsible for the completion of this form must sign the certification statement below:

CBI

☐ "I hereby certify that, to the best of my knowledge and belief, all information entered on this form is complete and accurate."

JUDITH MILLET

NAME

*J. Millet*  
SIGNATURE

6/7/89  
DATE SIGNED

INDUSTRIAL HYGIENE SPECIALIST

TITLE

( 805 ) 373 - 3561  
TELEPHONE NO.

☐ Mark (X) this box if you attach a continuation sheet.

1.07 Exemptions From Reporting -- If you have provided EPA or another Federal agency with the required information on a CAIR Reporting Form for the listed substance within the past 3 years, and this information is current, accurate, and complete for the time period specified in the rule, then sign the certification below. You are required to complete section 1 of this CAIR form and provide any information now required but not previously submitted. Provide a copy of any previous submissions along with your Section 1 submission.

CBI

☐

N / A

"I hereby certify that, to the best of my knowledge and belief, all required information which I have not included in this CAIR Reporting Form has been submitted to EPA within the past 3 years and is current, accurate, and complete for the time period specified in the rule."

_____ NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	(_____) _____ TELEPHONE NO.	_____ DATE OF PREVIOUS SUBMISSION

1.08 CBI Certification -- If you have asserted any CBI claims in this report you must certify that the following statements truthfully and accurately apply to all of those confidentiality claims which you have asserted.

CBI

☐

"My company has taken measures to protect the confidentiality of the information, and it will continue to take these measures; the information is not, and has not been, reasonably ascertainable by other persons (other than government bodies) by using legitimate means (other than discovery based on a showing of special need in a judicial or quasi-judicial proceeding) without my company's consent; the information is not publicly available elsewhere; and disclosure of the information would cause substantial harm to my company's competitive position."

N / A

_____ NAME	_____ SIGNATURE	_____ DATE SIGNED
_____ TITLE	(_____) _____ TELEPHONE NO.	

☐ Mark (X) this box if you attach a continuation sheet.

PART B CORPORATE DATA

1.09 Facility Identification

CBI Name (N)(O)(R)(T)(H)(R)(O)(P)(C)(O)(R)(P)(O)(R)(A)(T)(I)(O)(N)( ) ( ) ( ) ( ) ( ) ( )  
( ) Address (1)(5)(1)(5)(R)(A)(N)(C)(H)(O)(C)(O)(N)(E)(J)(O)(B)(L)(V)(D)( )  
Street  
(N)(E)(W)(B)(U)(R)(Y)(P)(A)(R)(K)( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
City  
(C)(A) (9)(1)(3)(1)(9)--( ) ( ) ( )  
State Zip

Dun & Bradstreet Number .....(0)(0)-(8)(2)(8)-(9)(4)(9)(8)  
EPA ID Number .....(C)(A)(8)(2)(8)(9)(4)(9)(8)  
Employer ID Number .....9(5)(-)(1)(0)(5)(5)(7)(9)(8)  
Primary Standard Industrial Classification (SIC) Code .....(3)(7)(2)(8)  
Other SIC Code .....( ) ( ) ( )  
Other SIC Code .....( ) ( ) ( )

1.10 Company Headquarters Identification

CBI Name (N)(O)(R)(T)(H)(R)(O)(P)(C)(O)(R)(P)(O)(R)(A)(T)(I)(O)(N)( ) ( ) ( ) ( ) ( ) ( )  
( ) Address (1)(8)(4)(0)(C)(E)(N)(T)(U)(R)(Y)(P)(A)(R)(K)(E)(A)(S)(T)( ) ( ) ( )  
Street  
(L)(O)(S)(A)(N)(G)(E)(L)(E)(S)( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
City  
(C)(A) (9)(0)(0)(6)(7)--(2)(1)(9)(9)  
State Zip

Dun & Bradstreet Number .....(0)(0)-(8)(2)(5)-(5)(4)(0)(8)  
Employer ID Number .....9(5)(-)(1)(0)(5)(5)(7)(9)(8)

( ) Mark (X) this box if you attach a continuation sheet.



### 1.11 Parent Company Identification

**CBI**    Name   (N)(O)(R)(T)(H)(R)(O)(P)\_(\_)C(O)(R)(P)(O)(R)(A)(T)(I)(O)(N)\_(\_)\_(\_)\_(\_)

[ ] Address [1][8][4][0][ ][C][E][N][T][U][R][Y][ ][P][A][R][K][ ][E][A][S][T][ ][ ][ ]  
Street

(L) (O) (S) ( ) (A) (N) (G) (E) (L) (E) (S) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )  
 City

(C) (A)      (9) (0) (0) (6) (7) -- (2) (1) (9) (9)  
State                  Zip

Dun & Bradstreet Number .....[0]0-[8]2[5]-[5]4[0]8]

### 1.12 Technical Contact

CBI Name [J][U][D][I][T][H]-[E]-[M][I][L][L][E][T]-[-][-][-][-][-][-][-][-]

[ ] Title [ ] N [ ] D [ ] U [ ] S [ ] T [ ] R [ ] I [ ] A [ ] L [ ] [ ] H [ ] Y [ ] G [ ] [ ] [ ] S [ ] P [ ] E [ ] C [ ] I [ ] A [ ] L [ ] I [ ] S [ ] T [ ]

Address 1515 R A N C H O C O N E J O B L V D .  
Street

(N) (E) (W) (B) (U) (R) (Y) \_ \_ (P) (A) (R) (K) \_ \_ \_ \_ \_  
City

State                      Zip

Telephone Number .....[8][0][5]-[3][7][3]-[3][5][6][1]

1.13 This reporting year is from ..... [0][2] [8][7] to [0][2] [8][9]  
Mo. Year Mo. Year

☐ Mark (X) this box if you attach a continuation sheet.

**N / A**

[illegible]

( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

( ) ( ) ( ) ( ) ( ) ( ) -- ( ) ( ) ( ) ( )

**Zip**

[illegible]

Year

Telephone Number .....[ ] [ ] [ ] - [ ] [ ] [ ] - [ ] [ ] [ ] [ ]

**N / A**

[illegible][illegible]

( ) ( ) ( ) ( ) ( ) ( ) -- ( ) ( ) ( ) ( )

Zip

Date of Purchase ..... [ ] [ ] [ ] [ ] [ ] [ ]

Year

Telephone Number .....( ) ( ) ( ) -( ) ( ) ( ) -( ) ( ) ( )

8

1.1~ For each classification listed below, state the quantity of the listed substance that was manufactured, imported, or processed at your facility during the reporting year.

CBI

☐ Classification Quantity (kg/yr)

Manufactured .....                     

Imported .....                     

Processed (include quantity repackaged) ..... 1.23

Of that quantity manufactured or imported, report that quantity:

In storage at the beginning of the reporting year .....                     

For on-site use or processing .....                     

For direct commercial distribution (including export) .....                     

In storage at the end of the reporting year .....                     

Of that quantity processed, report that quantity:

In storage at the beginning of the reporting year ..... 0.068

Processed as a reactant (chemical producer) .....                     

Processed as a formulation component (mixture producer) .....                     

Processed as an article component (article producer) ..... 1.23

Repackaged (including export) .....                     

In storage at the end of the reporting year ..... 0.34

☐ Mark (X) this box if you attach a continuation sheet.

PART C IDENTIFICATION OF MIXTURES

1.17 Mixture -- If the listed substance on which you are required to report is a mixture or a component of a mixture, provide the following information for each component chemical. (If the mixture composition is variable, report an average percentage of each component chemical for all formulations.)

CBI

☐

Component Name	Supplier Name	Average % Composition by Weight (specify precision, e.g., 45% ± 0.5%)
<u>TOLVENE 2, 4 DIISOCYANATE</u>	<u>PRODUCTS RESEARCH AND CHEMICAL</u>	<u>8-9 %</u>
<u>POLYETHER POLYOL POLYMER</u>	<u>"</u>	<u>91-92%</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u>Total</u>		<u>100%</u>

☐ Mark (X) this box if you attach a continuation sheet.

- 2.04 State the quantity of the listed substance that your facility manufactured, imported, or processed during the 3 corporate fiscal years preceding the reporting year in descending order.

CBI

☐ Year ending ....(11.kits)..... (1)2 (8)7  
Mo. Year

Quantity manufactured ..... kg

Quantity imported ..... kg

Quantity processed ..... 0.75 kg

Year ending ...(~~1.kit~~)..... (1)2 (8)6  
Mo. Year

Quantity manufactured ..... kg

Quantity imported ..... kg

Quantity processed ..... 0.068 kg

Year ending ...(~~9.kits~~)..... (1)2 (8)5  
Mo. Year

Quantity manufactured ..... kg

Quantity imported ..... kg

Quantity processed ..... 0.614 kg

- 2.05 Specify the manner in which you manufactured the listed substance. Circle all appropriate process types.

CBI

N / A

☐ Continuous process ..... 1

Semicontinuous process ..... 2

Batch process ..... 3

☐ Mark (X) this box if you attach a continuation sheet.

2.06 Specify the manner in which you processed the listed substance. Circle all appropriate process types.

- ☐ Continuous process ..... 1
- ☐ Semicontinuous process ..... 2
- ☐ Batch process ..... 3

2.07 State your facility's name-plate capacity for manufacturing or processing the listed substance. (If you are a batch manufacturer or batch processor, do not answer this question.)

N / A

- ☐ Manufacturing capacity ..... kg/yr
- ☐ Processing capacity ..... kg/yr

2.08 If you intend to increase or decrease the quantity of the listed substance manufactured, imported, or processed at any time after your current corporate fiscal year, estimate the increase or decrease based upon the reporting year's production volume.

<input type="checkbox"/>	Manufacturing Quantity (kg)	Importing Quantity (kg)	Processing Quantity (kg)
Amount of increase	_____	_____	_____
Amount of decrease	_____	_____	WILL DECREASE QUANTITY UNKNOWN

☐ Mark (X) this box if you attach a continuation sheet.

2.09 For the three largest volume manufacturing or processing process types involving the listed substance, specify the number of days you manufactured or processed the listed substance during the reporting year. Also specify the average number of hours per day each process type was operated. (If only one or two operations are involved, list those.)

CBI

☐

Days/Year      Average  
Hours/Day

Process Type #1 (The process type involving the largest quantity of the listed substance.)

Manufactured .....

Processed .....

10

0.5 - 1

Process Type #2 (The process type involving the 2nd largest quantity of the listed substance.)

Manufactured .....

Processed .....

Process Type #3 (The process type involving the 3rd largest quantity of the listed substance.)

Manufactured .....

Processed .....

2.10 State the maximum daily inventory and average monthly inventory of the listed substance that was stored on-site during the reporting year in the form of a bulk chemical.

CBI

N / A

☐

Maximum daily inventory .....

kg

Average monthly inventory .....

kg

☐

Mark (X) this box if you attach a continuation sheet.

2.11 Related Product Types -- List any byproducts, coproducts, or impurities present with the listed substance in concentrations greater than 0.1 percent as it is manufactured, imported, or processed. The source of byproducts, coproducts, or impurities means the source from which the byproducts, coproducts, or impurities are made or introduced into the product (e.g., carryover from raw material, reaction product, etc.).

CBI

☐

N / A

<u>CAS No.</u>	<u>Chemical Name</u>	<u>Byproduct, Coproduct or Impurity<sup>1</sup></u>	<u>Concentration (%) (specify <math>\pm</math> % precision)</u>	<u>Source of By-products, Coproducts, or Impurities</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate byproduct, coproduct, or impurity:

B = Byproduct  
C = Coproduct  
I = Impurity

☐ Mark (X) this box if you attach a continuation sheet.



- 2.12 Existing Product Types -- List all existing product types which you manufactured, imported, or processed using the listed substance during the reporting year. List the quantity of listed substance you use for each product type as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to ☐ the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types <sup>1</sup>	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users <sup>2</sup>
K	100 %	80 %	H

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

<sup>2</sup>Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) <u>GOVERNMENT</u>

☐ Mark (X) this box if you attach a continuation sheet.

- 2.13 Expected Product Types -- Identify all product types which you expect to manufacture, import, or process using the listed substance at any time after your current corporate fiscal year. For each use, specify the quantity you expect to manufacture, import, or process for each use as a percentage of the total volume of listed substance used during the reporting year. Also list the quantity of listed substance used captively on-site as a percentage of the value listed under column b., and the types of end-users for each product type. (Refer to the instructions for further explanation and an example.)

CBI

☐

a.	b.	c.	d.
Product Types <sup>1</sup>	% of Quantity Manufactured, Imported, or Processed	% of Quantity Used Captively On-Site	Type of End-Users <sup>2</sup>
K	100 %	80 %	H

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

<sup>2</sup>Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) <u>GOVERNMENT</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.14 Final Product -- Complete the following table for each type of final product manufactured, imported, or processed at your facility that contains the listed substance other than as an impurity.

☐

a.	b.	c.	d.
Product Type <sup>1</sup>	Final Product's Physical Form <sup>2</sup>	Average % Composition of Listed Substance in Final Product	Type of End-Users <sup>3</sup>
K	F-4	8-9 %	H

<sup>1</sup>Use the following codes to designate product types:

A = Solvent	L = Moldable/Castable/Rubber and additives
B = Synthetic reactant	M = Plasticizer
C = Catalyst/Initiator/Accelerator/ Sensitizer	N = Dye/Pigment/Colorant/Ink and additives
D = Inhibitor/Stabilizer/Scavenger/ Antioxidant	O = Photographic/Reprographic chemical and additives
E = Analytical reagent	P = Electrodeposition/Plating chemicals
F = Chelator/Coagulant/Sequestrant	Q = Fuel and fuel additives
G = Cleanser/Detergent/Degreaser	R = Explosive chemicals and additives
H = Lubricant/Friction modifier/Antiwear agent	S = Fragrance/Flavor chemicals
I = Surfactant/Emulsifier	T = Pollution control chemicals
J = Flame retardant	U = Functional fluids and additives
K = Coating/Binder/Adhesive and additives	V = Metal alloy and additives
	W = Rheological modifier
	X = Other (specify) _____

<sup>2</sup>Use the following codes to designate the final product's physical form:

A = Gas	F2 = Crystalline solid
B = Liquid	F3 = Granules
C = Aqueous solution	F4 = Other solid
D = Paste	G = Gel
E = Slurry	H = Other (specify) _____
F1 = Powder	

<sup>3</sup>Use the following codes to designate the type of end-users:

I = Industrial	CS = Consumer
CM = Commercial	H = Other (specify) <u>GOVERNMENT</u>

☐ Mark (X) this box if you attach a continuation sheet.

2.15 Circle all applicable modes of transportation used to deliver bulk shipments of the  
CBI listed substance to off-site customers. N / A

☐ Truck ..... 1  
 Railcar ..... 2  
 Barge, Vessel ..... 3  
 Pipeline ..... 4  
 Plane ..... 5  
 Other (specify) \_\_\_\_\_ 6

2.16 Customer Use -- Estimate the quantity of the listed substance used by your customers  
CBI or prepared by your customers during the reporting year for use under each category  
of end use listed (i-iv). N / A

☐

Category of End Use

i. Industrial Products

Chemical or mixture ..... kg/yr

Article ..... kg/yr

ii. Commercial Products

Chemical or mixture ..... kg/yr

Article ..... kg/yr

iii. Consumer Products

Chemical or mixture ..... kg/yr

Article ..... kg/yr

iv. Other

Distribution (excluding export) ..... kg/yr

Export ..... kg/yr

Quantity of substance consumed as reactant ..... kg/yr

Unknown customer uses ..... kg/yr

☐ Mark (X) this box if you attach a continuation sheet.

## SECTION 3 PROCESSOR RAW MATERIAL IDENTIFICATION

## PART A GENERAL DATA

- 3.01 Specify the quantity purchased and the average price paid for the listed substance for each major source of supply listed. Product trades are treated as purchases.  
CBI The average price is the market value of the product that was traded for the listed substance.

☐

<u>Source of Supply</u>	<u>Quantity (kg)</u>	<u>Average Price (\$/kg)</u>
The listed substance was manufactured on-site.		
The listed substance was transferred from a different company site.		
The listed substance was purchased directly from a manufacturer or importer.		
The listed substance was purchased from a distributor or repackager.		
The listed substance was purchased from a mixture producer.	1.56	\$ 85.58

- 3.02 Circle all applicable modes of transportation used to deliver the listed substance to your facility.

CBI☐

- Truck ..... ①  
 Railcar ..... 2  
 Barge, Vessel ..... 3  
 Pipeline ..... 4  
 Plane ..... 5  
 Other (specify) \_\_\_\_\_ 6

☐ Mark (X) this box if you attach a continuation sheet.

3.03  
CBI

- a. Circle all applicable containers used to transport the listed substance to your facility.

☐

- Bags ..... 1..
- Boxes ..... 2..
- Free standing tank cylinders ..... 3..
- Tank rail cars ..... 4..
- Hopper cars ..... 5..
- Tank trucks ..... 6..
- Hopper trucks ..... 7..
- Drums ..... 8..
- Pipeline ..... 9..
- Other (specify) QUART BOTTLES ..... 10..

- b. If the listed substance is transported in pressurized tank cylinders, tank rail cars, or tank trucks, state the pressure of the tanks.

- Tank cylinders ..... mmH
- Tank rail cars ..... mmH
- Tank trucks ..... mmH

☐ Mark (X) this box if you attach a continuation sheet.

## PART B RAW MATERIAL IN THE FORM OF A MIXTURE

3.04 If you obtain the listed substance in the form of a mixture, list the trade name(s) of the mixture, the name of its supplier(s) or manufacturer(s), an estimate of the average percent composition by weight of the listed substance in the mixture, and amount of mixture processed during the reporting year.

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☐

<u>Trade Name</u>	<u>Supplier or Manufacturer</u>	<u>Average % Composition by Weight (specify + % precision)</u>	<u>Amount Processed (kg/yr)</u>
PR-1592 PART B	PRODUCTS RESEARCH AND CHEMICAL	8 - 9 %	20.45

☐ Mark (X) this box if you attach a continuation sheet.

---

PART C RAW MATERIAL VOLUME

---

3.05 State the quantity of the listed substance used as a raw material during the reporting year in the form of a class I chemical, class II chemical, or polymer, and the percent composition, by weight, of the listed substance.

☐

	Quantity Used (kg/yr)	% Composition by Weight of Listed Sub- stance in Raw Material (specify $\pm$ % precision)
Class I chemical	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Class II chemical	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
Polymer	<hr/> 1.23 <hr/> <hr/> <hr/>	<hr/> 8 - 9 % <hr/> <hr/> <hr/>

---

☐ Mark (X) this box if you attach a continuation sheet.

---



## SECTION 4 PHYSICAL/CHEMICAL PROPERTIES

## General Instructions:

If you are reporting on a mixture as defined in the glossary, reply to questions in Section 4 that are inappropriate to mixtures by stating "NA -- mixture."

For questions 4.06-4.15, if you possess any hazard warning statement, label, MSDS, or other notice that addresses the information requested, you may submit a copy or reasonable facsimile in lieu of answering those questions which it addresses.

## PART A PHYSICAL/CHEMICAL DATA SUMMARY

- 4.01 Specify the percent purity for the three major<sup>1</sup> technical grade(s) of the listed substance as it is manufactured, imported, or processed. Measure the purity of the substance in the final product form for manufacturing activities, at the time you import the substance, or at the point you begin to process the substance.

CBI

☐

N / A - MIXTURE

ManufactureImportProcess

Technical grade #1

\_\_\_\_\_ % purity

\_\_\_\_\_ % purity

\_\_\_\_\_ % purity

Technical grade #2

\_\_\_\_\_ % purity

\_\_\_\_\_ % purity

\_\_\_\_\_ % purity

Technical grade #3

\_\_\_\_\_ % purity

\_\_\_\_\_ % purity

\_\_\_\_\_ % purity

<sup>1</sup>Major = Greatest quantity of listed substance manufactured, imported or processed.

- 4.02 Submit your most recently updated Material Safety Data Sheet (MSDS) for the listed substance, and for every formulation containing the listed substance. If you possess an MSDS that you developed and an MSDS developed by a different source, submit your version. Indicate whether at least one MSDS has been submitted by circling the appropriate response.

Yes ..... (1)

No ..... 2

Indicate whether the MSDS was developed by your company or by a different source.

Your company ..... :

Another source ..... (3)

☒ Mark (X) this box if you attach a continuation sheet.

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M A T E R I A L   S A F E T Y   D A T A   S H E E T

**SECTION I**

<b>PRODUCT NAME:</b>	PR-1592 Amber, Black, Part B	<b>MSDS IDENTIFICATION NO:</b>	MS3972300
		<b>DATE OF ISSUE:</b>	02-07-89
<b>DESCRIPTION:</b>	Polyurethane Polymer	<b>REPLACES:</b>	None
		<b>PREPARED BY:</b>	RW. <i>[Signature]</i>
<b>MANUFACTURER:</b>	Products Research & Chemical Corporation 5430 San Fernando Road, P.O. Box 1800, Glendale, CA 91209		
<b>EMERGENCY TELEPHONE:</b>	For Emergency Medical Information Call Toll-Free 800-228-5635 For Other Information 818-240-2060		

**SECTION II - HAZARDOUS INGREDIENTS**

<u>CHEMICAL NAME</u>	<u>COMMON NAME</u>	<u>CAS NO</u>	<u>% BY WT</u>	<u>OSHA PEL</u>	<u>ACGIH TLV TWA</u>	<u>STEL</u>
Polyether polyol polymer with toluene diisocyanate	Polyurethane Prepolymer	65636-36-4	100	*	*	*

\*The TLV for TDI (CAS 26471-62-5) is 0.005 ppm; STEL is 0.02 ppm.

**SECTION III - PHYSICAL AND CHEMICAL CHARACTERISTICS**

<b>Boiling Point, °F.:</b>	Not applicable.	<b>Specific Gravity:</b>	1.06
<b>Vapor Pressure, mm Hg:</b>	Not applicable.	<b>VOC, g/l (Mixed):</b>	None
<b>Vapor Density:</b>	Not applicable.	<b>Evaporation Rate:</b>	Not applicable
<b>Solubility in Water:</b>	Negligible.		

**SECTION IV - PHYSICAL HAZARD INFORMATION**

Flash Point:	Not flammable.	Flammable Limits:	Not flammable
Extinguishing Media:	CO <sub>2</sub> , Dry chemical, foam, water fog.		
Spec. Fire Fighting Proc:	Use air supplied respirator. Use water to cool heat exposed containers.		
Unusual Fire Hazards:	High temperatures may cause a pressure buildup in closed containers.		
Stability:	Stable.		
Incompatibility:	Water, alcohols, strong bases, amines.		
Decomposition products:	Oxides of carbon and nitrogen; possible traces of HCN.		
Hazardous polymerization:	Will not occur.		

**SECTION V - HEALTH HAZARD INFORMATION**

**EFFECTS OF OVER-EXPOSURE:**

Eyes:	Irritation, watering and possible reversible corneal damage.
Skin:	Local irritation and discoloration. May cause an allergic rash in sensitized individuals.
Inhalation:	Irritation of the nose, throat, lungs and eyes, with watering eyes, soreness in the throat, and tightness in the chest with possible difficulty in breathing. May produce asthma-like symptoms in sensitized individuals. Individuals suffering from asthma or other chronic respiratory conditions may exhibit a heightened sensitivity to isocyanate and should avoid inhalation exposure.
Ingestion:	Irritation and possible corrosive action in the mouth, stomach tissue and digestive tract.

**LISTED CANCER AGENT?**

☐ NO: Nothing contained in this product is found in the lists below.

☒ YES: ☐ OSHA ☒ National Toxicology Program ☒ International Agency for Research on Cancer

**SECTION VI - EMERGENCY FIRST AID PROCEDURES**

Eyes:	Flush with luke warm water for 15 minutes. If symptoms persist, consult physician.
Skin:	Wash with soap and water. If symptoms persist, consult a physician.
Inhalation:	Remove to fresh air. If symptoms are present, consult a physician.
Ingestion:	Give milk or water to drink. Consult a physician.

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**SECTION VII - SUGGESTED CONTROL PROCEDURES**

Ventilation:	General ventilation to maintain vapors below TLV. When using in confined areas, or in other circumstances likely to produce airborne levels of isocyanate in excess of TLV, use an air-supplied respirator.
Skin Protection:	Solvent resistant gloves.
Eye Protection:	Chemical goggles or full-face shield.

**SECTION VIII - SPILL OR LEAKAGE PROCEDURES**

Release or Spillage:	Cover with absorbant material, add decontamination solution * and allow to react for 10 minutes. Collect in containers, add additional decontamination solution and keep loosely covered for 48 hours.
Waste Disposal:	Not a hazardous waste according to EPA regulations. Consult State regulations prior to disposal of spillage.

**SECTION IX - SPECIAL PRECAUTIONS**

Avoid moisture contamination which will cause CO<sub>2</sub> pressure. Do not reseal containers if moisture contamination is suspected. Avoid ingestion. This product contains a toxic chemical or chemicals subject to the reporting requirements of Section 313 of Title III of the Superfund Amendments and Reauthorization Act of 1986 and 40 CFR Part 372.

\*Decontamination solution: 5% concentrated ammonia, 2% detergent, 93% water.

The information provided herein is, to the best of the manufacturer's knowledge, current, accurate and complete, based on information reasonably available.

4.03 Submit a copy or reasonable facsimile of any hazard information (other than an MSDS) that is provided to your customers/users regarding the listed substance or any formulation containing the listed substance. Indicate whether this information has been submitted by circling the appropriate response.

Yes ..... 1  
No ..... 2

4.04 For each activity that uses the listed substance, circle all the applicable number(s) corresponding to each physical state of the listed substance during the activity listed. Physical states for importing and processing activities are determined at the time you import or begin to process the listed substance. Physical states for manufacturing, storage, disposal and transport activities are determined using the final state of the product.

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[ ]

Activity	Physical State				
	Solid	Slurry	Liquid	Liquified Gas	Gas
Manufacture	1	2	3	4	5
Import	1	2	3	4	5
Process	1	2	3	4	5
Store	1	2	3	4	5
Dispose	1	2	3	4	5
Transport	1	2	3	4	5

[ ] Mark (X) this box if you attach a continuation sheet.

- 4.05 Particle Size -- If the listed substance exists in particulate form during any of the following activities, indicate for each applicable physical state the size and the percentage distribution of the listed substance by activity. Do not include particles  $\geq 10$  microns in diameter. Measure the physical state and particle sizes for importing and processing activities at the time you import or begin to process the listed substance. Measure the physical state and particle sizes for manufacturing storage, disposal and transport activities using the final state of the product.

CBI

☐

N / A							
Physical State		Manufacture	Import	Process	Store	Dispose	Transport
Dust	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Powder	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Fiber	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____
Aerosol	<1 micron	_____	_____	_____	_____	_____	_____
	1 to <5 microns	_____	_____	_____	_____	_____	_____
	5 to <10 microns	_____	_____	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

## SECTION 5 ENVIRONMENTAL FATE

## PART A RATE CONSTANTS AND TRANSFORMATION PRODUCTS

N / A

5.01 Indicate the rate constants for the following transformation processes.

## a. Photolysis:

Absorption spectrum coefficient (peak) .... (1/M cm) at \_\_\_\_\_ nm

Reaction quantum yield,  $\phi$  ..... at \_\_\_\_\_ nmDirect photolysis rate constant,  $k_p$ , at ... 1/hr \_\_\_\_\_ latitude

## b. Oxidation constants at 25°C:

For  $^1O_2$  (singlet oxygen),  $k_{ox}$  ..... 1/M hFor  $RO_2$  (peroxy radical),  $k_{ox}$  ..... 1/M hc. Five-day biochemical oxygen demand,  $BOD_5$  ... mg/l

## d. Biotransformation rate constant:

For bacterial transformation in water,  $k_b$  ... 1/hr

Specify culture .....

## e. Hydrolysis rate constants:

For base-promoted process,  $k_b$  ..... 1/M hFor acid-promoted process,  $k_a$  ..... 1/M hFor neutral process,  $k_n$  ..... 1/hr

## f. Chemical reduction rate (specify conditions) \_\_\_\_\_

## g. Other (such as spontaneous degradation) ... \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

PARTITION COEFFICIENTS N / A

5.02 a. Specify the half-life of the listed substance in the following media.

<u>Media</u>	<u>Half-life (specify units)</u>
Groundwater	_____
Atmosphere	_____
Surface water	_____
Soil	_____

b. Identify the listed substance's known transformation products that have a half-life greater than 24 hours.

<u>CAS No.</u>	<u>Name</u>	<u>Half-life (specify units)</u>	<u>Media</u>
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____
_____	_____	_____	in _____

5.03 Specify the octanol-water partition coefficient,  $K_{ow}$  ... \_\_\_\_\_ at 25°C

N/A Method of calculation or determination ..... \_\_\_\_\_

5.04 Specify the soil-water partition coefficient,  $K_d$  ..... \_\_\_\_\_ at 25°C

N/A Soil type ..... \_\_\_\_\_

5.05 Specify the organic carbon-water partition coefficient,  $K_{oc}$  ..... \_\_\_\_\_ at 25°C

N/A

5.06 Specify the Henry's Law Constant,  $H$  .....  $\text{atm}\cdot\text{m}^3/\text{mole}$

N/A

☐ Mark (X) this box if you attach a continuation sheet.



5.07 List the bioconcentration factor (BCF) of the listed substance, the species for which it was determined, and the type of test used in deriving the BCF.

N / A			
	<u>Bioconcentration Factor</u>	<u>Species</u>	<u>Test</u> <sup>1</sup>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

<sup>1</sup>Use the following codes to designate the type of test:

F = Flowthrough  
S = Static

☐ Mark (X) this box if you attach a continuation sheet.

6.04 For each market listed below, state the quantity sold and the total sales value of the listed substance sold or transferred in bulk during the reporting year.

☐

<u>Market</u>	<u>Quantity Sold or Transferred (kg/yr)</u>	<u>Total Sales Value (\$/yr)</u>
Retail sales	_____	_____
Distribution -- Wholesalers	_____	_____
Distribution -- Retailers	_____	_____
Intra-company transfer	_____	_____
Repackagers	_____	_____
Mixture producers	_____	_____
Article producers	_____	_____
Other chemical manufacturers or processors	_____	_____
Exporters	_____	_____
Other (specify)	_____	_____
_____	_____	_____

6.05 Substitutes -- List all known commercially feasible substitutes that you know exist for the listed substance and state the cost of each substitute. A commercially feasible substitute is one which is economically and technologically feasible to use in your current operation, and which results in a final product with comparable performance in its end uses.

CBI

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<u>Substitute</u>	<u>Cost (\$/kg)</u>
NONE KNOWN	_____
_____	_____
_____	_____
_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

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SECTION 7 MANUFACTURING AND PROCESSING INFORMATION

---

General Instructions:

For questions 7.04-7.06, provide a separate response for each process block flow diagram provided in questions 7.01, 7.02, and 7.03. Identify the process type from which the information is extracted.

---

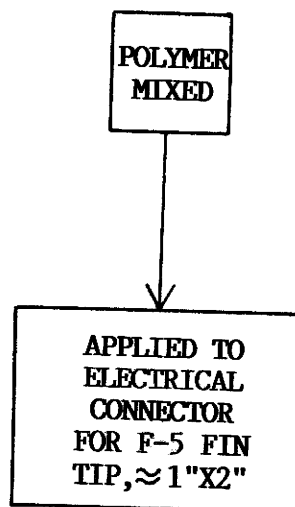
PART A MANUFACTURING AND PROCESSING PROCESS TYPE DESCRIPTION

---

7.01 In accordance with the instructions, provide a process block flow diagram showing the major (greatest volume) process type involving the listed substance.

CBI

☐ Process type ..... FIN TIP ELECTRICAL ENCAPSULATION



---

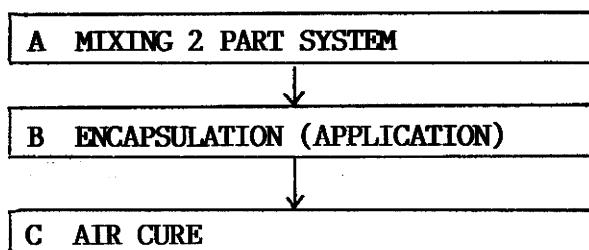
☐ Mark (X) this box if you attach a continuation sheet.

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- 7.03 In accordance with the instructions, provide a process block flow diagram showing all process emission streams and emission points that contain the listed substance and which, if combined, would total at least 90 percent of all facility emissions if not treated before emission into the environment. If all such emissions are released from one process type, provide a process block flow diagram using the instructions for question 7.01. If all such emissions are released from more than one process type, provide a process block flow diagram showing each process type as a separate block.

CBI

☐ Process type ..... FIN TIP ELECTRICAL ENCAPSULATION



☐ Mark (X) this box if you attach a continuation sheet.



- 7.05 Describe each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... FIN TIP ELECTRICAL ENCAPSULATION

Process Stream ID Code	Process Stream Description	Physical State <sup>1</sup>	Stream Flow (kg/yr)
<u>A</u>	<u>MIXING OF SYSTEM</u>	<u>OL</u>	<u>UNKNOWN</u>
<u>B</u>	<u>APPLICATION/ENCAPSULATION</u>	<u>OL</u>	<u>UNKNOWN</u>
<u>C</u>	<u>AIR CURE</u>	<u>SO</u>	<u>UNKNOWN</u>

<sup>1</sup>Use the following codes to designate the physical state for each process stream:

GC = Gas (condensable at ambient temperature and pressure)  
 GU = Gas (uncondensable at ambient temperature and pressure)  
 SO = Solid  
 SY = Sludge or slurry  
 AL = Aqueous liquid  
 OL = Organic liquid  
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

☐ Mark (X) this box if you attach a continuation sheet.

7.06 Characterize each process stream identified in your process block flow diagram(s). If a process block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the CBI instructions for further explanation and an example.)

☐ Process type ..... FIN TIP ELECTRICAL ENCAPSULATION

a.	b.	c.	d.	e.
Process Stream ID Code	Known Compounds <sup>1</sup>	Concen- trations <sup>2,3</sup> (% or ppm)	Other Expected Compounds	Estimated Concentrations (% or ppm)
<u>A</u>	<u>TDI</u>	<u>8 - 9</u>		
	<u>POLYETHER POLYOL POLYMER</u>	<u>91 - 92</u>		
<u>B</u>	<u>TDI</u>	<u>8 - 9</u>		
	<u>POLYETHER POLYOL POLYMER</u>	<u>91 - 92</u>		
<u>C</u>	<u>TDI</u>	<u>8 - 9</u>		
	<u>POLYETHER POLYOL POLYMER</u>	<u>91 - 92</u>		

7.06 continued below

☐ Mark (X) this box if you attach a continuation sheet.

<sup>1</sup>For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column b. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>		
<u>2</u>		
<u>3</u>		
<u>4</u>		
<u>5</u>		

<sup>2</sup>Use the following codes to designate how the concentration was determined:

A = Analytical result  
E = Engineering judgement/calculation

<sup>3</sup>Use the following codes to designate how the concentration was measured:

V = Volume  
W = Weight

☐ Mark (X) this box if you attach a continuation sheet.



---

**SECTION 8 RESIDUAL TREATMENT GENERATION, CHARACTERIZATION, TRANSPORTATION, AND MANAGEMENT**

---

**General Instructions:**

For questions 8.04-8.06, provide a separate response for each residual treatment block flow diagram provided in question 8.01, 8.02 or 8.03. Identify the process type from which the information is extracted.

For questions 8.05-8.33, the Stream Identification Codes are those process streams listed in either the Section 7 or Section 8 block flow diagrams which contain residuals for each applicable waste management method.

For questions 8.07-8.33, if residuals are combined before they are handled, list those Stream Identification Codes on the same line.

Questions 8.09-8.33 refer to the waste management activities involving the residuals identified in either the Section 7 or Section 8 block flow diagrams. Not all Stream Identification Codes used in the sample answers (e.g., for the incinerator questions) have corresponding process streams identified in the block flow diagram(s). These Stream Identification codes are for illustrative purposes only.

For questions 8.11-8.33, if you have provided the information requested on one of the EPA Office of Solid Waste surveys listed below within the three years prior to your reporting year, you may submit a copy or reasonable facsimile in lieu of answering those questions which the survey addresses. The applicable surveys are: (1) Hazardous Waste Treatment, Storage, Disposal, and Recycling Survey; (2) Hazardous Waste Generator Survey; or (3) Subtitle D Industrial Facility Mail Survey.

---

☐ Mark (X) this box if you attach a continuation sheet.

---

PART A RESIDUAL TREATMENT PROCESS DESCRIPTION

N / A

8.01 In accordance with the instructions, provide a residual treatment block flow diagram which describes the treatment process used for residuals identified in question 7.  
CBI

☐ Process type .....

☐ Mark (X) this box if you attach a continuation sheet.

[ ] Process type .....

54

---

8.05 (continued)

<sup>1</sup>Use the following codes to designate the type of hazardous waste:

I = Ignitable  
C = Corrosive  
R = Reactive  
E = EP toxic  
T = Toxic  
H = Acutely hazardous

<sup>2</sup>Use the following codes to designate the physical state of the residual:

GC = Gas (condensable at ambient temperature and pressure)  
GU = Gas (uncondensable at ambient temperature and pressure)  
SO = Solid  
SY = Sludge or slurry  
AL = Aqueous liquid  
OL = Organic liquid  
IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

---

8.05 continued below

---

☐ Mark (X) this box if you attach a continuation sheet.

---

8.05 (continued)

N / A

<sup>3</sup>For each additive package introduced into a process stream, specify the compounds that are present in each additive package, and the concentration of each component. Assign an additive package number to each additive package and list this number in column d. (Refer to the instructions for further explanation and an example. Refer to the glossary for the definition of additive package.)

Additive Package Number	Components of Additive Package	Concentrations (% or ppm)
<u>1</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>2</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>3</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>4</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
<u>5</u>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>

<sup>4</sup>Use the following codes to designate how the concentration was determined:

A = Analytical result

E = Engineering judgement/calculation

-----  
8.05 continued below

☐ Mark (X) this box if you attach a continuation sheet.

8.05 (continued)

N / A

<sup>5</sup>Use the following codes to designate how the concentration was measured:

V = Volume

W = Weight

<sup>6</sup>Specify the analytical test methods used and their detection limits in the table below. Assign a code to each test method used and list those codes in column e.

<u>Code</u>	<u>Method</u>	<u>Detection Limit</u> <u>(± ug/l)</u>
<u>1</u>	_____	_____
<u>2</u>	_____	_____
<u>3</u>	_____	_____
<u>4</u>	_____	_____
<u>5</u>	_____	_____
<u>6</u>	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

8.06 Characterize each process stream identified in your residual treatment block flow diagram(s). If a residual treatment block flow diagram is provided for more than one process type, photocopy this question and complete it separately for each process type. (Refer to the instructions for further explanation and an example.)

CBI

[ ] Process type .....

[illegible]

<sup>1</sup>Use the codes provided in Exhibit 8-1 to designate the waste descriptions

<sup>2</sup>Use the codes provided in Exhibit 8-2 to designate the management methods

☐ Mark (X) this box if you attach a continuation sheet.

**EXHIBIT 8-1.**  
**(Refers to question 8.06(b))**

**WASTE DESCRIPTION CODES**

These waste description codes were developed specifically for this survey to supplement the descriptions listed with the RCRA and other waste codes. (These waste description codes are not regulatory definitions.)

**WASTE DESCRIPTION CODES FOR HAZARDOUS WASTE DESCRIBED BY A SINGLE RCRA F, K, P, OR U WASTE CODE**

A01 Spent solvent (F001-F005, K086)	A06 Contaminated soil or cleanup residue	A10 Incinerator ash
A02 Other organic liquid (F001-F005, K086)	A07 Other F or K waste, exactly as described*	A11 Solidified treatment residue
A03 Still bottom (F001-F005, K086)	A08 Concentrated off-spec or discarded product	A12 Other treatment residue (specify in "Facility Notes")
A04 Other organic sludge (F001-F005, K086)	A09 Empty containers	A13 Other untreated waste (specify in "Facility Notes")
A05 Wastewater or aqueous mixture		

\*"Exactly as described" means that the waste matches the description of the RCRA waste code

**INORGANIC LIQUIDS**—Waste that is primarily inorganic and highly fluid (e.g., aqueous), with low suspended inorganic solids and low organic content

- B01 Aqueous waste with low solvents
- B02 Aqueous waste with low other toxic organics
- B03 Spent acid with metals
- B04 Spent acid without metals
- B05 Acidic aqueous waste
- B06 Caustic solution with metals but no cyanides
- B07 Caustic solution with metals and cyanides
- B08 Caustic solution with cyanides but no metals
- B09 Spent caustic
- B10 Caustic aqueous waste
- B11 Aqueous waste with reactive sulfides
- B12 Aqueous waste with other reactives (e.g., explosives)
- B13 Other aqueous waste with high dissolved solids
- B14 Other aqueous waste with low dissolved solids
- B15 Scrubber water
- B16 Leachate
- B17 Waste liquid mercury
- B18 Other inorganic liquid (specify in "Facility Notes")

**INORGANIC SLUDGES**—Waste that is primarily inorganic, with moderate-to-high water content and low organic content; pumpable.

- B19 Lime sludge without metals
- B20 Lime sludge with metals/metal hydroxide sludge
- B21 Wastewater treatment sludge with toxic organics
- B22 Other wastewater treatment sludge
- B23 Untreated plating sludge without cyanides
- B24 Untreated plating sludge with cyanides
- B25 Other sludge with cyanides
- B26 Sludge with reactive sulfides
- B27 Sludge with other reactives
- B28 Degreasing sludge with metal scale or filings
- B29 Air pollution control device sludge (e.g., fly ash, wet scrubber sludge)
- B30 Sediment or lagoon dragout contaminated with organics
- B31 Sediment or lagoon dragout contaminated with inorganics only

- B32 Drilling mud
- B33 Asbestos slurry or sludge
- B34 Chloride or other brine sludge
- B35 Other inorganic sludge (specify in "Facility Notes")

**INORGANIC SOLIDS**—Waste that is primarily inorganic and solid, with low organic content and low-to-moderate water content; not pumpable

- B36 Soil contaminated with organics
- B37 Soil contaminated with inorganics only
- B38 Ash, slag, or other residue from incineration of wastes
- B39 Other "dry" ash, slag, or thermal residue
- B40 "Dry" lime or metal hydroxide solids chemically "fixed"
- B41 "Dry" lime or metal hydroxide solids not "fixed"
- B42 Metal scale, filings, or scrap
- B43 Empty or crushed metal drums or containers
- B44 Batteries or battery parts, casings, cores
- B45 Spent solid filters or adsorbents
- B46 Asbestos solids and debris
- B47 Metal-cyanide salts/chemicals
- B48 Reactive cyanide salts/chemicals
- B49 Reactive sulfide salts/chemicals
- B50 Other reactive salts/chemicals
- B51 Other metal salts/chemicals
- B52 Other waste inorganic chemicals
- B53 Lab packs of old chemicals only
- B54 Lab packs of debris only
- B55 Mixed lab packs
- B56 Other inorganic solids (specify in "Facility Notes")

**INORGANIC GASES**—Waste that is primarily inorganic with a low organic content and is a gas at atmospheric pressure.

- B57 Inorganic gases

**ORGANIC LIQUIDS**—Waste that is primarily organic and is highly fluid, with low inorganic solids content and low-to-moderate water content.

- B58 Concentrated solvent-water solution
- B59 Halogenated (e.g., chlorinated) solvent
- B60 Nonhalogenated solvent

- B61 Halogenated/nonhalogenated solvent mixture
- B62 Oil-water emulsion or mixture
- B63 Waste oil
- B64 Concentrated aqueous solution of other organics
- B65 Concentrated phenolics
- B66 Organic paint, ink, lacquer, or varnish
- B67 Adhesives or epoxies
- B68 Paint thinner or petroleum distillates
- B69 Reactive or polymerizable organic liquid
- B70 Other organic liquid (specify in "Facility Notes")

**ORGANIC SLUDGES**—Waste that is primarily organic, with low-to-moderate inorganic solids content and water content; pumpable

- B71 Still bottoms of halogenated (e.g., chlorinated) solvents or other organic liquids
- B72 Still bottoms of nonhalogenated solvents or other organic liquids
- B73 Oily sludge
- B74 Organic paint or ink sludge
- B75 Reactive or polymerizable organics
- B76 Resins, tars, or tarry sludge
- B77 Biological treatment sludge
- B78 Sewage or other untreated biological sludge
- B79 Other organic sludge (specify in "Facility Notes")

**ORGANIC SOLIDS**—Waste that is primarily organic and solid, with low-to-moderate inorganic content and water content; not pumpable.

- B80 Halogenated pesticide solid
- B81 Nonhalogenated pesticide solid
- B82 Solid resins or polymerized organics
- B83 Spent carbon
- B84 Reactive organic solid
- B85 Empty fiber or plastic containers
- B86 Lab packs of old chemicals only
- B87 Lab packs of debris only
- B88 Mixed lab packs
- B89 Other halogenated organic solid
- B90 Other nonhalogenated organic solid

**ORGANIC GASES**—Waste that is primarily organic with low-to-moderate inorganic content and is a gas at atmospheric pressure.

- B91 Organic gases



EXHIBIT 8-2.  
(Refers to question 8.06(c))

MANAGEMENT METHODS

- M1 - Discharge to publicly owned wastewater treatment works
- M2 - Discharge to surface water under NPDES
- M3 - Discharge to off-site, privately owned wastewater treatment works
- M4 - Scrubber: a) caustic; b) water; c) other
- M5 - Vent to: a) atmosphere; b) flare; c) other (specify) \_\_\_\_\_
- M6 - Other (specify) \_\_\_\_\_

TREATMENT AND RECYCLING

Incineration/thermal treatment

- 1I Liquid injection
- 2I Rotary or rocking kiln
- 3I Rotary kiln with a liquid injection unit
- 4I Two stage
- 5I Fixed hearth
- 6I Multiple hearth
- 7I Fluidized bed
- 8I Infrared
- 9I Fume/vapor
- 10I Pyrolytic destructor
- 11I Other incineration/thermal treatment

Reuse as fuel

- 1RF Cement kiln
- 2RF Aggregate kiln
- 3RF Asphalt kiln
- 4RF Other kiln
- 5RF Blast furnace
- 6RF Sulfur recovery furnace
- 7RF Smelting, melting, or refining furnace
- 8RF Coke oven
- 9RF Other industrial furnace
- 10RF Industrial boiler
- 11RF Utility boiler
- 12RF Process heater
- 13RF Other reuse as fuel unit

Fuel Blending

- 1FB Fuel blending

Solidification

- 1S Cement or cement/silicate processes
- 2S Pozzolan processes
- 3S Asphaltic processes
- 4S Thermoplastic techniques
- 5S Organic polymer techniques
- 6S Jacketing (macro-encapsulation)
- 7S Other solidification

Recovery of solvents and liquid organics for reuse

- 1SR Fractionation
- 2SR Batch still distillation
- 3SR Solvent extraction
- 4SR Thin-film evaporation
- 5SR Filtration
- 6SR Phase separation
- 7SR Dessication
- 8SR Other solvent recovery

Recovery of metals

- 1MR Activated carbon (for metals recovery)
- 2MR Electrodialysis (for metals recovery)
- 3MR Electrolytic metal recovery
- 4MR Ion exchange (for metals recovery)
- 5MR Reverse osmosis (for metals recovery)
- 6MR Solvent extraction (for metals recovery)
- 7MR Ultrafiltration (for metals recovery)
- 8MR Other metals recovery

Wastewater Treatment

After each wastewater treatment type listed below (1VT - 66WT) specify a) tank; or b) surface impoundment (i.e., 63WTa)

Equalization

- 1VT Equalization

Cyanide oxidation

- 2WT Alkaline chlorination
- 3WT Ozone
- 4WT Electrochemical
- 5WT Other cyanide oxidation

General oxidation (including disinfection)

- 6WT Chlorination
- 7WT Ozonation
- 8WT UV radiation
- 9WT Other general oxidation

Chemical precipitation<sup>1</sup>

- 10WT Lime
- 11WT Sodium hydroxide
- 12WT Soda ash
- 13WT Sulfide
- 14WT Other chemical precipitation

Chromium reduction

- 15WT Sodium bisulfite
- 16WT Sulfur dioxide

## EXHIBIT 8-2. (continued)

### MANAGEMENT METHODS

17WT Ferrous sulfate  
18WT Other chromium reduction

Complexed metals treatment (other than  
chemical precipitation by pH adjustment)  
19WT Complexed metals treatment

Emulsion breaking  
20WT Thermal  
21WT Chemical  
22WT Other emulsion breaking

Adsorption  
23WT Carbon adsorption  
24WT Ion exchange  
25WT Resin adsorption  
26WT Other adsorption

Stripping  
27WT Air stripping  
28WT Steam stripping  
29WT Other stripping

Evaporation  
30WT Thermal  
31WT Solar  
32WT Vapor recompression  
33WT Other evaporation

Filtration  
34WT Diatomaceous earth  
35WT Sand  
36WT Multimedia  
37WT Other filtration

Sludge dewatering  
38WT Gravity thickening  
39WT Vacuum filtration  
40WT Pressure filtration (belt, plate  
and frame, or leaf)  
41WT Centrifuge  
42WT Other sludge dewatering

Air flotation  
43WT Dissolved air flotation  
44WT Partial aeration  
45WT Air dispersion  
46WT Other air flotation

Oil skimming  
47WT Gravity separation

48WT Coalescing plate separation  
49WT Other oil skimming

Other liquid phase separation  
50WT Decanting  
51WT Other liquid phase separation

Biological treatment  
52WT Activated sludge  
53WT Fixed film-trickling filter  
54WT Fixed film-rotating contactor  
55WT Lagoon or basin, aerated  
56WT Lagoon, facultative  
57WT Anaerobic  
58WT Other biological treatment

Other wastewater treatment  
59WT Wet air oxidation  
60WT Neutralization  
61WT Nitrification  
62WT Denitrification  
63WT Flocculation and/or coagulation  
64WT Settling (clarification)  
65WT Reverse osmosis  
66WT Other wastewater treatment

### OTHER WASTE TREATMENT

1TR Other treatment  
2TR Other recovery for reuse

### ACCUMULATION

1A Containers  
2A Tanks

### STORAGE

1ST Container (i.e., barrel, drum)  
2ST Tank  
3ST Waste pile  
4ST Surface impoundment  
5ST Other storage

### DISPOSAL

1D Landfill  
2D Land treatment  
3D Surface impoundment (to be closed  
as a landfill)  
4D Underground injection well

<sup>1</sup>Chemical precipitation is a treatment operation whereby the pH of a waste is adjusted to the range necessary for removal (precipitation) of contaminants. However, if the pH is adjusted solely to achieve a neutral pH, THE OPERATION SHOULD BE CONSIDERED NEUTRALIZATION (60WT).

8.22 Describe the combustion chamber design parameters for each of the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	Combustion Chamber Temperature (°C)		Location of Temperature Monitor		Residence Time In Combustion Chamber (seconds)	
	Primary	Secondary	Primary	Secondary	Primary	Secondary
1						
2						
3						

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes ..... 1

No ..... 2

8.23 Complete the following table for the three largest (by capacity) incinerators that are used on-site to burn the residuals identified in your process block or residual treatment block flow diagram(s).

☐

Incinerator	N / A	Air Pollution Control Device <sup>1</sup>	Types of Emissions Data Available
1			
2			
3			

Indicate if Office of Solid Waste survey has been submitted in lieu of response by circling the appropriate response.

Yes ..... 1

No ..... 2

<sup>1</sup>Use the following codes to designate the air pollution control device:

S = Scrubber (include type of scrubber in parenthesis)  
 E = Electrostatic precipitator  
 O = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

PART A EMPLOYMENT AND POTENTIAL EXPOSURE PROFILE

9.01 Mark (X) the appropriate column to indicate whether your company maintains records on the following data elements for hourly and salaried workers. Specify for each data element the year in which you began maintaining records and the number of years the records for that data element are maintained. (Refer to the instructions for further explanation and an example.)

CBI

☐

Data Element	Data are Maintained for:		Year in Which Data Collection Began	Number of Years Records Are Maintained
	Hourly Workers	Salaried Workers		
Date of hire	<u>X</u>	<u>X</u>	<u>1942</u>	<u>indefinitely</u>
Age at hire	<u>X</u>	<u>X</u>		
Work history of individual before employment at your facility	<u>X</u>	<u>X</u>		
Sex	<u>X</u>	<u>X</u>		
Race	<u>X</u>	<u>X</u>		
Job titles	<u>X</u>	<u>X</u>		
Start date for each job title	<u>X</u>	<u>X</u>		
End date for each job title	<u>X</u>	<u>X</u>	↓	
Work area industrial hygiene monitoring data	<u>X</u>	<u>X</u>	<u>1979</u>	
Personal employee monitoring data	<u>X</u>	<u>X</u>	<u>1979</u>	
Employee medical history	<u>X</u>	<u>X</u>	<u>1965</u>	
Employee smoking history	<u>X</u>	<u>X</u>	<u>1965</u>	
Accident history	<u>X</u>	<u>X</u>	<u>1965</u>	
Retirement date	<u>X</u>	<u>X</u>	<u>1942</u>	
Termination date	<u>X</u>	<u>X</u>	<u>1942</u>	↓
Vital status of retirees	<u>-</u>	<u>-</u>		
Cause of death data	<u>-</u>	<u>-</u>		

☐ Mark (X) this box if you attach a continuation sheet.

9.02 In accordance with the instructions, complete the following table for each activity in which you engage.

CBI

☐

a.	b.	c.	d.	e.
<u>Activity</u>	<u>Process Category</u>	<u>Yearly Quantity (kg)</u>	<u>Total Workers</u>	<u>Total Worker-Hours</u>
Manufacture of the listed substance	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site use as reactant	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site use as nonreactant	Enclosed	_____	_____	_____
	Controlled Release	_____	_____	_____
	Open	_____	_____	_____
On-site preparation of products	Enclosed	_____	_____	_____
	Controlled Release	<u>1.23</u>	<u>2</u>	<u>20</u>
	Open	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

9.03 Provide a descriptive job title for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance.

CBI

☐

Labor Category

Descriptive Job Title

A

BONDING AND ENCAPSULATION PROCESSOR

B

C

D

E

F

G

H

I

J

☐ Mark (X) this box if you attach a continuation sheet.

**CBI**

The diagram is a floor plan of a laboratory. It features three main labeled areas: a large rectangular area on the left labeled "WORK BENCH (WORK AREA 2)", a smaller rectangular area at the top center labeled "STORAGE CABINET", and a rectangular area on the right labeled "VENT HOOD (WORK AREA 1)". The areas are separated by lines representing walls or partitions.

## AIR CURE (WORK AREA 2)

91

9.05 Describe the various work area(s) shown in question 9.04 that encompass workers who may potentially come in contact with or be exposed to the listed substance. Add any additional areas not shown in the process block flow diagram in question 7.01 or 7.02. Photocopy this question and complete it separately for each process type.

CBI

☐ Process type ..... FIN TIP ELECTRICAL ENCAPSULATION

Work Area ID

Description of Work Areas and Worker Activities

1

RESIN MIXED PART A AND PART B

2

RESIN APPLIED/AIR CURED

3

4

5

6

7

8

9

10

☐ Mark (X) this box if you attach a continuation sheet.



9.06 Complete the following table for each work area identified in question 9.05, and for each labor category at your facility that encompasses workers who may potentially come in contact with or be exposed to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... **FIN TIP ELECTRICAL ENCAPSULATION**

Work area ..... **1 and 2**

Labor Category	Number of Workers Exposed	Mode of Exposure (e.g., direct skin contact)	Physical State of Listed Substance <sup>1</sup>	Average Length of Exposure Per Day <sup>2</sup>	Number of Days per Year Exposed
<u>1</u>	<u>2</u>	<u>SKIN CONTACT</u>	<u>OL</u>	<u>C</u>	<u>10</u>
<u>1</u>	<u>2</u>	<u>INHALATION</u>	<u>OL</u>	<u>C</u>	<u>10</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate the physical state of the listed substance at the point of exposure:

GC = Gas (condensable at ambient temperature and pressure)  
 GU = Gas (uncondensable at ambient temperature and pressure; includes fumes, vapors, etc.)  
 SO = Solid

SY = Sludge or slurry  
 AL = Aqueous liquid  
 OL = Organic liquid  
 IL = Immiscible liquid (specify phases, e.g., 90% water, 10% toluene)

<sup>2</sup>Use the following codes to designate average length of exposure per day:

A = 15 minutes or less  
 B = Greater than 15 minutes, but not exceeding 1 hour  
 C = Greater than one hour, but not exceeding 2 hours

D = Greater than 2 hours, but not exceeding 4 hours  
 E = Greater than 4 hours, but not exceeding 8 hours  
 F = Greater than 8 hours

☐ Mark (X) this box if you attach a continuation sheet.

9.07 For each labor category represented in question 9.06, indicate the 8-hour Time Weighted Average (TWA) exposure levels and the 15-minute peak exposure levels. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... NOT AVAILABLE

Work area .....

<u>Labor Category</u>	<u>8-hour TWA Exposure Level (ppm, mg/m<sup>3</sup>, other-specify)</u>	<u>15-Minute Peak Exposure Level (ppm, mg/m<sup>3</sup>, other-specify)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

## PART B WORK PLACE MONITORING PROGRAM

N / A

9.08 If you monitor worker exposure to the listed substance, complete the following table

CBI

☐

<u>Sample/Test</u>	<u>Work Area ID</u>	<u>Testing Frequency (per year)</u>	<u>Number of Samples (per test)</u>	<u>Who Samples<sup>1</sup></u>	<u>Analyzed In-House (Y/N)</u>	<u>Number of Years Records Maintained</u>
Personal breathing zone	_____	_____	_____	_____	_____	_____
General work area (air)	_____	_____	_____	_____	_____	_____
Wipe samples	_____	_____	_____	_____	_____	_____
Adhesive patches	_____	_____	_____	_____	_____	_____
Blood samples	_____	_____	_____	_____	_____	_____
Urine samples	_____	_____	_____	_____	_____	_____
Respiratory samples	_____	_____	_____	_____	_____	_____
Allergy tests	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate who takes the monitoring samples:

A = Plant industrial hygienist

B = Insurance carrier

C = OSHA consultant

D = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

N / A

9.09 For each sample type identified in question 9.08, describe the type of sampling and analytical methodology used for each type of sample.

☐ Sample Type Sampling and Analytical Methodology

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9.10 If you conduct personal and/or ambient air monitoring for the listed substance, specify the following information for each equipment type used.

CBI

<input type="checkbox"/> <u>Equipment Type</u> <sup>1</sup>	<u>Detection Limit</u> <sup>2</sup>	<u>Manufacturer</u>	<u>Averaging Time (hr)</u>	<u>Model Number</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate personal air monitoring equipment types:

- A = Passive dosimeter
- B = Detector tube
- C = Charcoal filtration tube with pump
- D = Other (specify) \_\_\_\_\_

Use the following codes to designate ambient air monitoring equipment types:

- E = Stationary monitors located within work area
- F = Stationary monitors located within facility
- G = Stationary monitors located at plant boundary
- H = Mobile monitoring equipment (specify) \_\_\_\_\_
- I = Other (specify) \_\_\_\_\_

<sup>2</sup>Use the following codes to designate detection limit units:

- A = ppm
- B = Fibers/cubic centimeter (f/cc)
- C = Micrograms/cubic meter ( $\mu\text{m}^3$ )

☐ Mark (X) this box if you attach a continuation sheet.

9.11 If you conduct routine medical tests for monitoring the health effects of exposure to the listed substance, specify the type and frequency of the tests.

CBI

N / A

☐

Test Description

Frequency  
(weekly, monthly, yearly, etc.)

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☐ Mark (X) this box if you attach a continuation sheet.

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PART C ENGINEERING CONTROLS

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9.12 Describe the engineering controls that you use to reduce or eliminate worker exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

CBI

☐ Process type ..... FIN TIP ELECTRICAL ENCAPSULATION

Work area .....

<u>Engineering Controls</u>	<u>Used (Y/N)</u>	<u>Year Installed</u>	<u>Upgraded (Y/N)</u>	<u>Year Upgraded</u>
Ventilation:				
Local exhaust	<u>Y</u>	<u>1984</u>	<u>N</u>	<u>—</u>
General dilution	<u>Y</u>	<u>1984</u>	<u>N</u>	<u>—</u>
Other (specify) _____	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Vessel emission controls	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Mechanical loading or packaging equipment	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>
Other (specify) _____	<u>          </u>	<u>          </u>	<u>          </u>	<u>          </u>

---

☐ Mark (X) this box if you attach a continuation sheet.

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9.13 Describe all equipment or process modifications you have made within the 3 years prior to the reporting year that have resulted in a reduction of worker exposure to the listed substance. For each equipment or process modification described, state the percentage reduction in exposure that resulted. Photocopy this question and complete it separately for each process type and work area.

N / A

CBI

☐ Process type .....

Work area .....

Equipment or Process Modification	Reduction in Worker Exposure Per Year (%)

☐ Mark (X) this box if you attach a continuation sheet.

## PART D PERSONAL PROTECTIVE AND SAFETY EQUIPMENT

9.14 Describe the personal protective and safety equipment that your workers wear or use in each work area in order to reduce or eliminate their exposure to the listed substance. Photocopy this question and complete it separately for each process type and work area.

**CBI**

[ ] Process type ..... FIN TIP ELECTRICAL ENCAPSULATION

Work area ..... 1 AND 2

<u>Equipment Types</u>	<u>Wear or Use (Y/N)</u>
Respirators	N
Safety goggles/glasses	N
Face shields	N
Coveralls	N
Bib aprons	N
Chemical-resistant gloves	Y
Other (specify)	
<u>SMOCK</u>	<u>Y</u>

☐ Mark (X) this box if you attach a continuation sheet.



- 9.15 If workers use respirators when working with the listed substance, specify for each process type, the work areas where the respirators are used, the type of respirators used, the average usage, whether or not the respirators were fit tested, and the type and frequency of the fit tests. Photocopy this question and complete it separately for each process type.

N / A

CBI

☐ Process type ..... \_\_\_\_\_

<u>Work Area</u>	<u>Respirator Type</u>	<u>Average Usage<sup>1</sup></u>	<u>Fit Tested (Y/N)</u>	<u>Type of Fit Test<sup>2</sup></u>	<u>Frequency of Fit Tests (per year)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

<sup>1</sup>Use the following codes to designate average usage:

A = Daily  
 B = Weekly  
 C = Monthly  
 D = Once a year  
 E = Other (specify) \_\_\_\_\_

<sup>2</sup>Use the following codes to designate the type of fit test:

QL = Qualitative  
 QT = Quantitative

☐ Mark (X) this box if you attach a continuation sheet.

PART E WORK PRACTICES

- 9.19 Describe all of the work practices and administrative controls used to reduce or eliminate worker exposure to the listed substance (e.g., restrict entrance only to authorized workers, mark areas with warning signs, insure worker detection and monitoring practices, provide worker training programs, etc.). Photocopy this question and complete it separately for each process type and work area.

CBI

☐

Process type ..... FIN TIP ELECTRICAL ENCAPSULATION

Work area ..... 1 AND 2

MIXING OF TWO-PART MATERIAL TAKES PLACE UNDER VENTILATION HOOD.

EMPLOYEE WEARS SMOCK AND GLOVES, AND APPLIES REACTED POLYMER

TO AN  $\approx$ 1" X 2" AREA.

- 9.20 Indicate (X) how often you perform each housekeeping task used to clean up routine leaks or spills of the listed substance. Photocopy this question and complete it N / A separately for each process type and work area.

Process type .....

Work area .....

<u>Housekeeping Tasks</u>	<u>Less Than Once Per Day</u>	<u>1-2 Times Per Day</u>	<u>3-4 Times Per Day</u>	<u>More Than 4 Times Per Day</u>
Sweeping	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Vacuuming	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Water flushing of floors	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>
Other (specify)	<u>                    </u>	<u>                    </u>	<u>                    </u>	<u>                    </u>

☐ Mark (X) this box if you attach a continuation sheet.

9.21 Do you have a written medical action plan for responding to routine or emergency exposure to the listed substance?

Routine exposure

Yes ..... 1

No ..... 2

Emergency exposure

Yes ..... 1

No ..... 2

If yes, where are copies of the plan maintained?

Routine exposure: \_\_\_\_\_

Emergency exposure: \_\_\_\_\_

9.22 Do you have a written leak and spill cleanup plan that addresses the listed substance? Circle the appropriate response.

Yes ..... ALL GENERAL PLAN CHEMICALS ADDRESSED ..... (1)

No ..... 2

If yes, where are copies of the plan maintained? ALL LEVELS OF MANAGEMENT HAVE COPIES OF CONSTRUCTION THAT DETAILS PLAN

Has this plan been coordinated with state or local government response organizations? Circle the appropriate response.

Yes ..... 1

No ..... (2)

9.23 Who is responsible for monitoring worker safety at your facility? Circle the appropriate response.

Plant safety specialist ..... 1

Insurance carrier ..... 2

OSHA consultant ..... 3

Other (specify) \_\_\_\_\_ 4

☐ Mark (X) this box if you attach a continuation sheet.

## SECTION 10 ENVIRONMENTAL RELEASE

## General Instructions:

Complete Part E (questions 10.23-10.35) for each non-routine release involving the listed substance that occurred during the reporting year. Report on all releases that are equal to or greater than the listed substance's reportable quantity value, RQ, unless the release is federally permitted as defined in 42 U.S.C. 9601, or is specifically excluded under the definition of release as defined in 40 CFR 302.3(22). Reportable quantities are codified in 40 CFR Part 302. If the listed substance is not a hazardous substance under the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and, thus, does not have an RQ, then report releases that exceed 2,270 kg. If such a substance, however, is designated as a CERCLA hazardous substance, then report those releases that are equal to or greater than the RQ. The facility may have answered these questions or similar questions under the Agency's Accidental Release Information Program and may already have this information readily available. Assign a number to each release and use this number throughout this part to identify the release. Releases over more than a 24-hour period are not single releases, i.e., the release of a chemical substance equal to or greater than an RQ must be reported as a separate release for each 24-hour period the release exceeds the RQ.

For questions 10.25-10.35, answer the questions for each release identified in question 10.23. Photocopy these questions and complete them separately for each release.

## PART A GENERAL INFORMATION

10.01 Where is your facility located? Circle all appropriate responses.

CBI

- ☐ Industrial area ..... (C)
- Urban area .....
- Residential area .....
- Agricultural area .....
- Rural area .....
- Adjacent to a park or a recreational area .....
- Within 1 mile of a navigable waterway .....
- Within 1 mile of a school, university, hospital, or nursing home facility .....
- Within 1 mile of a non-navigable waterway .....
- Other (specify) \_\_\_\_\_ ..... 1

☐ Mark (X) this box if you attach a continuation sheet.

10.02 Specify the exact location of your facility (from central point where process unit is located) in terms of latitude and longitude or Universal Transverse Mercader (UTM) coordinates.

Latitude ..... 34 ° 12 ' 0 "

Longitude ..... 118 ° 55 ' 23 "

UTM coordinates ..... Zone \_\_\_\_\_, Northing \_\_\_\_\_, Easting \_\_\_\_\_

10.03 If you monitor meteorological conditions in the vicinity of your facility, provide the following information.

Average annual precipitation ..... \_\_\_\_\_ inches/year

Predominant wind direction ..... \_\_\_\_\_

10.04 Indicate the depth to groundwater below your facility.

Depth to groundwater ..... \_\_\_\_\_ meters

10.05 For each on-site activity listed, indicate (Y/N/NA) all routine releases of the listed substance to the environment. (Refer to the instructions for a definition of CBI Y, N, and NA.)

☐

On-Site Activity	Environmental Release		
	Air	Water	Land
Manufacturing	_____	_____	_____
Importing	_____	_____	_____
Processing	<u>Y</u>	<u>N</u>	<u>N</u>
Otherwise used	_____	_____	_____
Product or residual storage	<u>N</u>	<u>N</u>	<u>N</u>
Disposal	<u>N</u>	<u>N</u>	<u>N</u>
Transport	<u>N</u>	<u>N</u>	<u>N</u>

☐ Mark (X) this box if you attach a continuation sheet.

10.08 Describe the control technologies used to minimize release of the listed substance for each process stream containing the listed substance as identified in your process block or residual treatment block flow diagram(s). Photocopy this question and complete it separately for each process type.

N / A  
CBI

☐ Process type .....

<u>Stream ID Code</u>	<u>Control Technology</u>	<u>Percent Efficiency</u>

☐ Mark (X) this box if you attach a continuation sheet.

## PART B RELEASE TO AIR

N / A

- 10.09 Point Source Emissions -- Identify each emission point source containing the listed substance in terms of a Stream ID Code as identified in your process block or residual treatment block flow diagram(s), and provide a description of each point source. Do not include raw material and product storage vents, or fugitive emission sources (e.g., equipment leaks). Photocopy this question and complete it separately for each process type.

Process type .....

Point Source  
ID Code

Description of Emission Point Source

40

LOCAL EXHAUST FROM HOOD ACTIVITIES

☐ Mark (X) this box if you attach a continuation sheet.





CBI

(二)

<sup>1</sup>Height of attached or adjacent building

<sup>3</sup>Use the following codes to designate vent type:

☐ Mark (X) this box if you attach a continuation sheet.

10.12 If the listed substance is emitted in particulate form, indicate the particle size distribution for each Point Source ID Code identified in question 10.09. Photocopy this question and complete it separately for each emission point source.

CBI

N / A

☐

Point source ID code .....

Size Range (microns)

Mass Fraction (%  $\pm$  % precision)

< 1

$\geq 1$  to < 10

$\geq 10$  to < 30

$\geq 30$  to < 50

$\geq 50$  to < 100

$\geq 100$  to < 500

$\geq 500$

Total = 100%

☐ Mark (X) this box if you attach a continuation sheet.

## PART C FUGITIVE EMISSIONS

N / A

- 10.13 Equipment Leaks -- Complete the following table by providing the number of equipment types listed which are exposed to the listed substance and which are in service according to the specified weight percent of the listed substance passing through the component. Do this for each process type identified in your process block or residual treatment block flow diagram(s). Do not include equipment types that are not exposed to the listed substance. If this is a batch or intermittently operated process, give an overall percentage of time per year that the process type is exposed to the listed substance. Photocopy this question and complete it separately for each process type.

CBI

- ☐ Process type .....  
 Percentage of time per year that the listed substance is exposed to this process type ..... %

Equipment Type	Number of Components in Service by Weight Percent of Listed Substance in Process Stream					
	Less than 5%	5-10%	11-25%	26-75%	76-99%	Greater than 99%
Pump seals <sup>1</sup>						
Packed						
Mechanical						
Double mechanical <sup>2</sup>						
Compressor seals <sup>1</sup>						
Flanges						
Valves						
Gas <sup>3</sup>						
Liquid						
Pressure relief devices <sup>4</sup> (Gas or vapor only)						
Sample connections						
Gas						
Liquid						
Open-ended lines <sup>5</sup> (e.g., purge, vent)						
Gas						
Liquid						

<sup>1</sup>List the number of pump and compressor seals, rather than the number of pumps or compressors

10.13 continued on next page

☐ Mark (X) this box if you attach a continuation sheet.

10.13 (continued) N / A

<sup>2</sup>If double mechanical seals are operated with the barrier (B) fluid at a pressure greater than the pump stuffing box pressure and/or equipped with a sensor (S) that will detect failure of the seal system, the barrier fluid system, or both, indicate with a "B" and/or an "S", respectively

<sup>3</sup>Conditions existing in the valve during normal operation

<sup>4</sup>Report all pressure relief devices in service, including those equipped with control devices

<sup>5</sup>Lines closed during normal operation that would be used during maintenance operations

10.14 Pressure Relief Devices with Controls -- Complete the following table for those pressure relief devices identified in 10.13 to indicate which pressure relief devices in service are controlled. If a pressure relief device is not controlled, enter "None" under column c.

CBI  
☐

	a. Number of Pressure Relief Devices	b. Percent Chemical in Vessel <sup>1</sup>	c. Control Device	d. Estimated Control Efficiency <sup>2</sup>
N / A				

<sup>1</sup>Refer to the table in question 10.13 and record the percent range given under the heading entitled "Number of Components in Service by Weight Percent of Listed Substance" (e.g., <5%, 5-10%, 11-25%, etc.)

<sup>2</sup>The EPA assigns a control efficiency of 100 percent for equipment leaks controlled with rupture discs under normal operating conditions. The EPA assigns a control efficiency of 98 percent for emissions routed to a flare under normal operating conditions

☐ Mark (X) this box if you attach a continuation sheet.

10.15 Equipment Leak Detection -- If a formal leak detection and repair program is in place, complete the following table regarding those leak detection and repair procedures. Photocopy this question and complete it separately for each process type.

CBI N / A

☐ Process type .....

<u>Equipment Type</u>	<u>Leak Detection Concentration (ppm or mg/m<sup>3</sup>) Measured at Inches from Source</u>	<u>Detection Device<sup>1</sup></u>	<u>Frequency of Leak Detection (per year)</u>	<u>Repairs Initiated (days after detection)</u>	<u>Repairs Completed (days after initiated)</u>
Pump seals					
Packed					
Mechanical					
Double mechanical					
Compressor seals					
Flanges					
Valves					
Gas					
Liquid					
Pressure relief devices (gas or vapor only)					
Sample connections					
Gas					
Liquid					
Open-ended lines					
Gas					
Liquid					

<sup>1</sup>Use the following codes to designate detection device:

POVA = Portable organic vapor analyzer

FPM = Fixed point monitoring

0 = Other (specify) \_\_\_\_\_

☐ Mark (X) this box if you attach a continuation sheet.

N / A

10.16 Raw Material, Intermediate and Product Storage Emissions - - Complete the following table by providing the information on each liquid raw material, intermediate, and product storage vessel containing the listed substance as identified in your process block or residual treatment block flow diagram(s).

CBI

☐

Vessel Type <sup>1</sup>	Floating Roof <sup>2</sup> Seals <sup>2</sup>	Composition of Stored Materials <sup>3</sup>	Throughput (liters per year)	Vessel Filling Rate (gpm)	Vessel Filling Duration (min)	Vessel Inner Diameter (m)	Vessel Height (m)	Vessel Volume (l)	Operating Vessel Emission Controls <sup>4</sup>	Design Flow Rate <sup>5</sup>	Vent Diameter (cm)	Control Efficiency (%)	Basis for Estimate <sup>6</sup>

<sup>1</sup>Use the following codes to designate vessel type:

F = Fixed roof  
 CIF = Contact internal floating roof  
 NCIF = Noncontact internal floating roof  
 EFR = External floating roof  
 P = Pressure vessel (indicate pressure rating)  
 H = Horizontal  
 U = Underground

<sup>2</sup>Use the following codes to designate floating roof seals:

MS1 = Mechanical shoe, primary  
 MS2 = Shoe-mounted secondary  
 MS2R = Rim-mounted, secondary  
 LM1 = Liquid-mounted resilient filled seal, primary  
 LM2 = Rim-mounted shield  
 LMW = Weather shield  
 VM1 = Vapor mounted resilient filled seal, primary  
 VM2 = Rim-mounted secondary  
 VMW = Weather shield

<sup>3</sup>Indicate weight percent of the listed substance. Include the total volatile organic content in parenthesis

<sup>4</sup>Other than floating roofs

<sup>5</sup>Gas/vapor flow rate the emission control device was designed to handle (specify flow rate units)

<sup>6</sup>Use the following codes to designate basis for estimate of control efficiency:

C = Calculations  
 S = Sampling

☐ Mark (X) this box if you attach a continuation sheet.

## PART E NON-ROUTINE RELEASES

N / A

10.23 Indicate the date and time when the release occurred and when the release ceased or was stopped. If there were more than six releases, attach a continuation sheet and list all releases.

<u>Release</u>	<u>Date Started</u>	<u>Time (am/pm)</u>	<u>Date Stopped</u>	<u>Time (am/pm)</u>
<u>1</u>	_____	_____	_____	_____
<u>2</u>	_____	_____	_____	_____
<u>3</u>	_____	_____	_____	_____
<u>4</u>	_____	_____	_____	_____
<u>5</u>	_____	_____	_____	_____
<u>6</u>	_____	_____	_____	_____

10.24 Specify the weather conditions at the time of each release.

<u>Release</u>	<u>Wind Speed (km/hr)</u>	<u>Wind Direction</u>	<u>Humidity (%)</u>	<u>Temperature (°C)</u>	<u>Precipitation (Y/N)</u>
<u>1</u>	_____	_____	_____	_____	_____
<u>2</u>	_____	_____	_____	_____	_____
<u>3</u>	_____	_____	_____	_____	_____
<u>4</u>	_____	_____	_____	_____	_____
<u>5</u>	_____	_____	_____	_____	_____
<u>6</u>	_____	_____	_____	_____	_____

☐ Mark (X) this box if you attach a continuation sheet.

**NORTHROP**

Ventura

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from: **JUDI MILLET**  
**SAFETY AND ENVIRONMENTAL ADMINISTRATION**  
**ORG. 4500/V11**

to: **DOCUMENT PROCESSING CENTER OFFICE**  
**OF TOXIC SUBSTANCES TS-790**  
**US ENVIRONMENTAL PROTECTION AGENCY**  
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**WASHINGTON, DC 20460**

**ATTN: CAIR REPORTING OFFICE**

70-31 (R.7-85)

